

**Louisiana Office of Telecommunications Management  
Legislative Video Feed Request Authorization (OTM-19A)**

*Note: Submit a separate form to OTM for each individual video feed*

**Dept.:** \_\_\_\_\_

**Date Form Submitted to OTM:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Due Date Requested:** \_\_\_\_\_

**SERVICE INFORMATION**

Requested for (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Service Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Floor: \_\_\_\_\_ Room: \_\_\_\_\_

City: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Access Hours: \_\_\_\_\_ Access Days of Week: \_\_\_\_\_

Type of Service: Cox Cable Legislative Video Service. Requires one-time installation fee of \$138 and one year subscription at the rate of \$30 per month.

**BILLING INFORMATION**

State P.O. Number (to be completed by agency once approved by OTM): \_\_\_\_\_

Agency Billing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Authorized Signature\*: \_\_\_\_\_

*\*Note: Authorization required by department secretary, undersecretary, or equivalent.*

OTM Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**For Cox Business Services Use Only**

Account: \_\_\_\_\_ Schedule Date: \_\_\_\_\_

Monthly Service Rate: \_\_\_\_\_ Installation Charges: \_\_\_\_\_

**Fax the completed form to OTM at 225-342-7772.**